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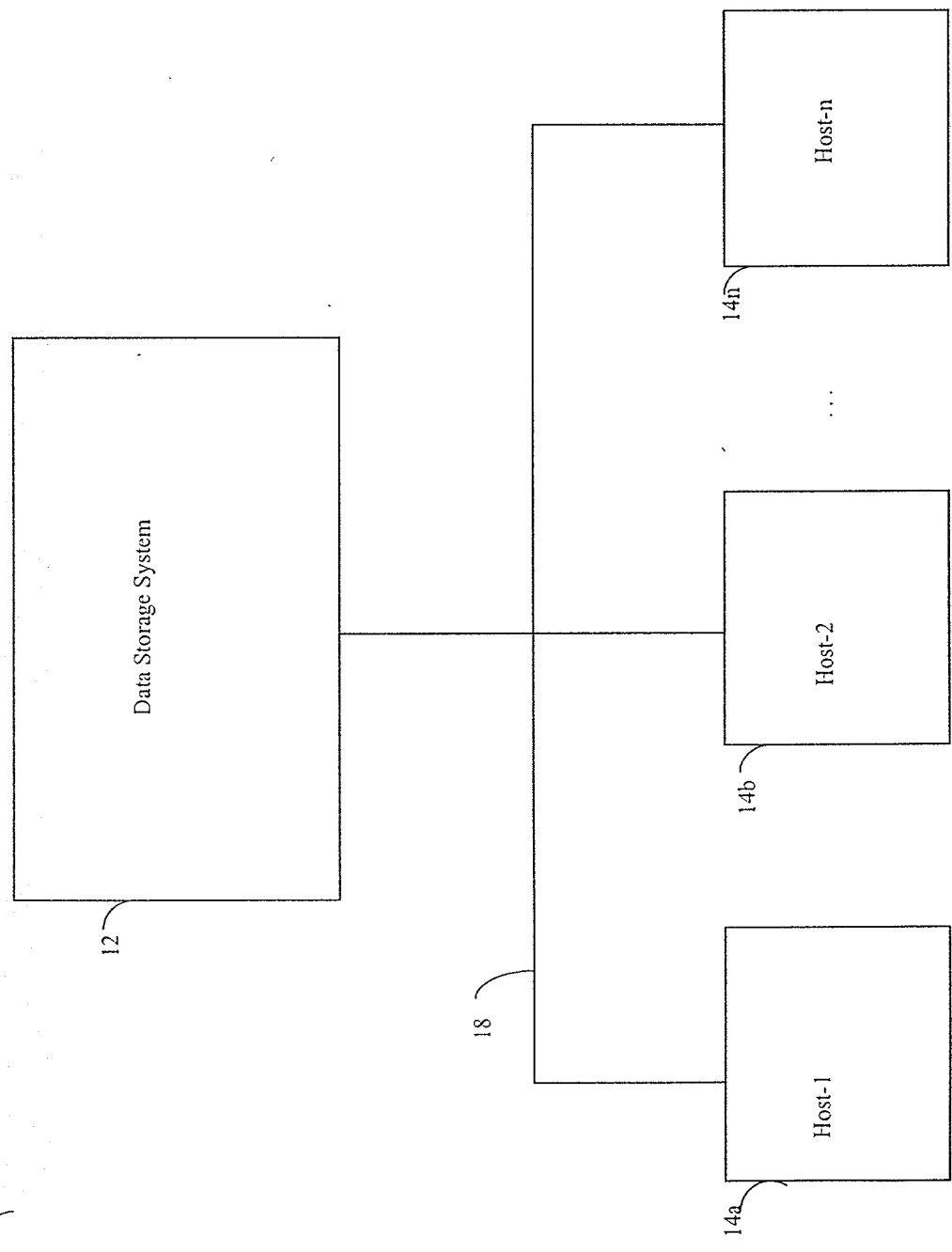


FIGURE 1

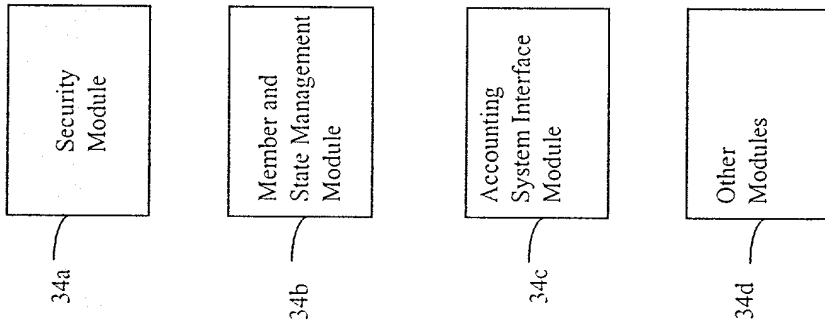


FIGURE 4

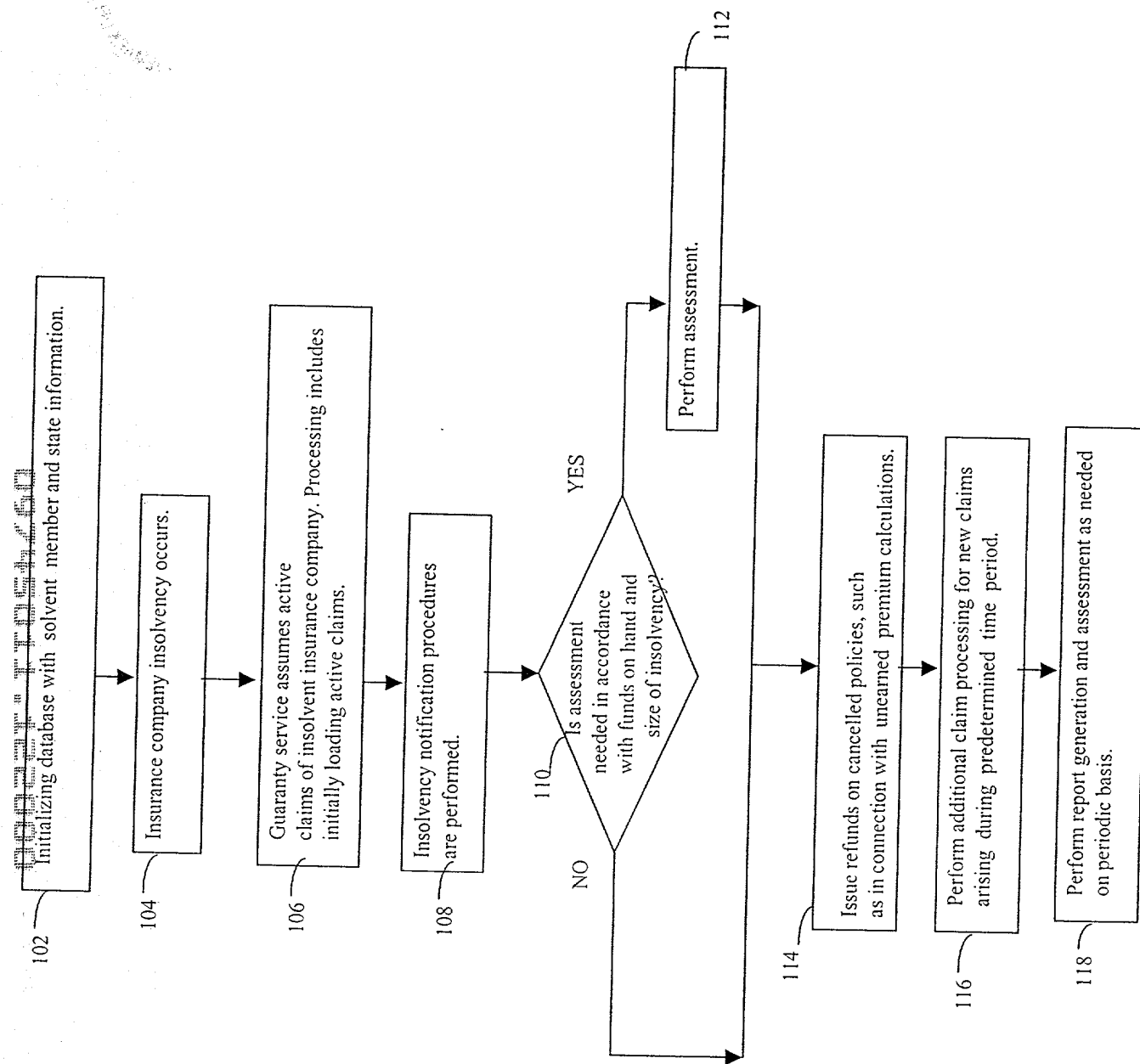


FIGURE 5

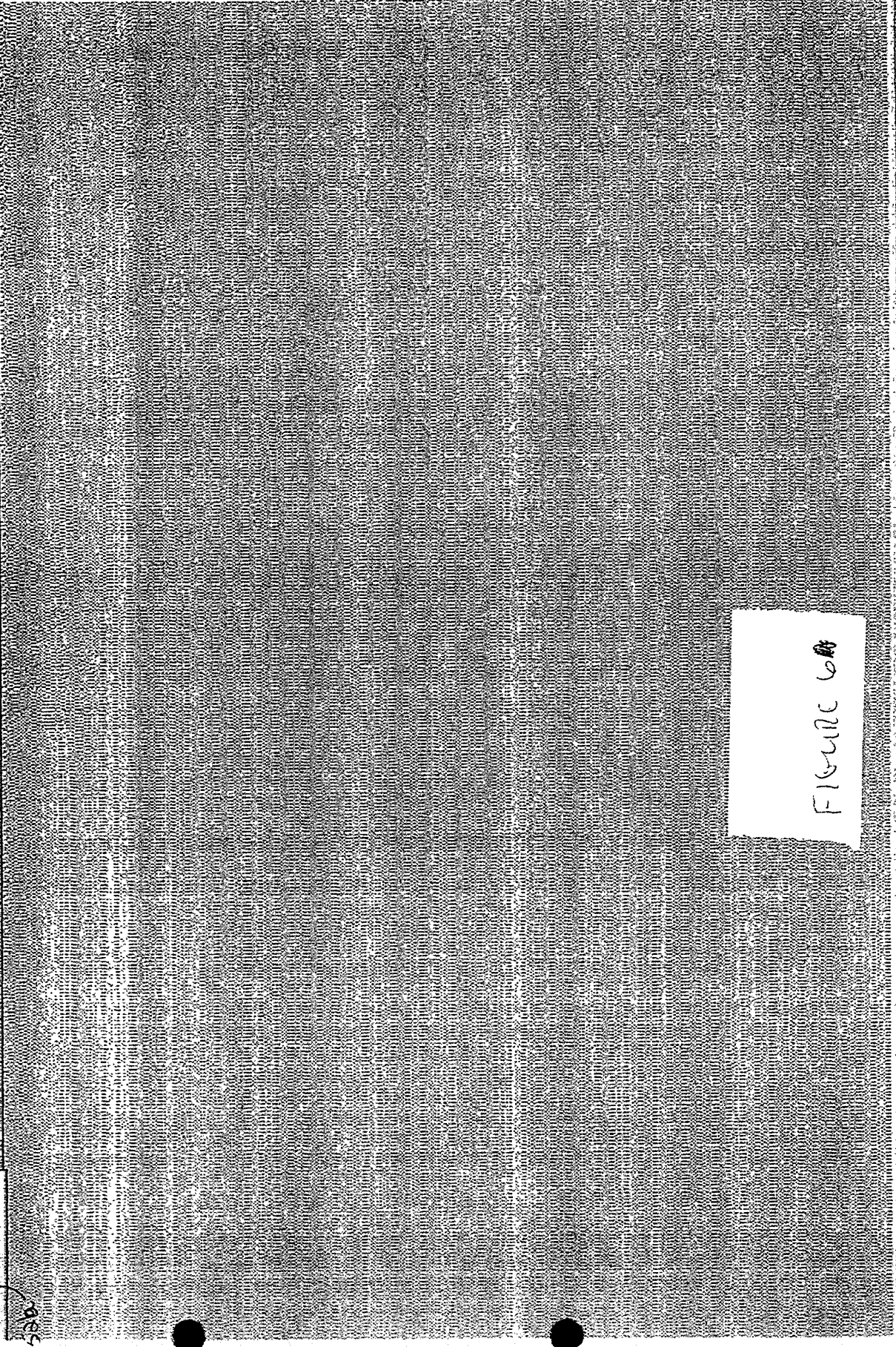


FIGURE 6A

000221* T1054/60

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File Edit Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Claims Search... Ctrl+L
Claims New... Ctrl+N

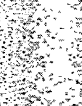
116-0267-9A

11-11-11

1-11-11



File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Claim Detail

State Fund: ☐ Claim Number: Type: Claim

Insolvency: ☐ GFMS Number: Status: Open

Policy Number: Date of Loss: Status Reason:

Insured: ☐ First Name: MI: Last Name: Status Change Date: 12/03/2000

D/B/A or Company: Closed Status: Approval ID:

☐ Blocked ☐ Read Notes

Policy

Insured:

Street 1:

Street 2:

Street 3:

City: State:

Zip Code:

Telephone: Ext:

Fax:

Email:

Claim

Agent:

Inception Date: Termination Date:

Policy Level: Excess of:

Policy Limits:

☐ Single ☐ Split ☐ per person ☐ per occurrence

New Search Totals Notes Diary Payment Date Print Save Close

Figure 3B

FOUND JC

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Claim Detail

State Fund: MA ☐ Claim Number: 000291331-003 Type: CBN ☐ 2066

Insolvency: 180 - TRUST INSURANCE COMPANY ☐ GFMS Number: 88637 Status: Open ☐ 2066

Policy Number: 2066 Date of Loss: 08/20/1998 Status Reason: ☐ 2066

First Name: DEBORAH MI: Last Name: FLANAGAN Status Change Date: 08/09/2000

D/B/A or Company: ☐ Closed Status: ☐ Approval ID: ☐ Blocked: ☐ Read Notes: ☐ 2066

Claimant List

Claimant #	Claimant Name	Address	Telephone	Fax	E-Mail	Social Security	Date of Birth
1	LAPSHIN VLAD		() ext ()				

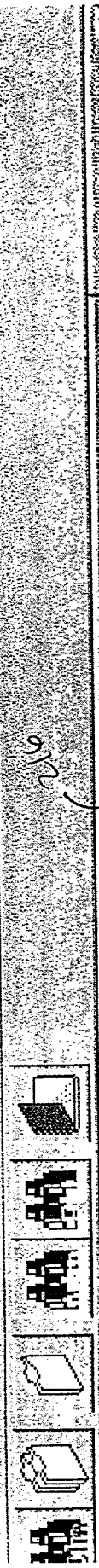
Claimant: 2066

Policy: Claim

New Modify Delete

Search Totals Notes Diary Payment Delete

New Save Close

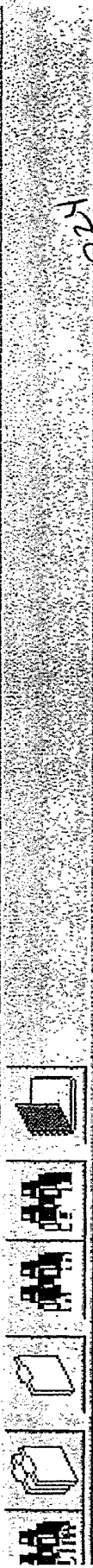


Claim Search

State Fund	Claim Number	Policy Number
Insolvency	Claimant	
Policy Number	First Name	Last Name
Insured	D/B/A or Company	
First Name		
D/B/A or Company		
Lookup Code(s)		
1	2	3
Date of Loss	Related Claim Number	
GFMS Number	Liquidator's Claim Number	
Quick Search	Insolvency	State Fund
GFMS Number		
Search		

New	Search	Totals	Notes	Diary	Payment	Delete	Print	Save	Close
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17662011



Unearned Premium Policy Detail

State Fund:

Insolvency:

UP Policy Number:

Insured

Insured #1 - First Name	MI	Last Name
Insured #2 - First Name	MI	Last Name
D/B/A or Company		

Policy

Policy Information

Inception Date:

Termination Date:

Cancellation Date:

Billing Type:

Auditable:

Agent:

UP Handler:

Entered By:

File Location:

Status:

Status Reason:

Status Change Date:

File Location Date:

New Search Notes Diary Print Save Close



Unearned Premium Policy Detail

State Fund:

Insolvency:

UP Policy Number:

Insured ☐

Insured #1 - First Name:	<input type="text"/>	Mi:	<input type="text"/>	Last Name:	<input type="text"/>
Insured #2 - First Name:	<input type="text"/>	Mi:	<input type="text"/>	Last Name:	<input type="text"/>
D/B/A or Company: <input type="text"/>					

Policy	Insured	Premium Calculation	Payment History
<input checked="" type="checkbox"/> Insured Street 1: <input type="text"/> Street 2: <input type="text"/> Street 3: <input type="text"/> City: <input type="text"/> Zip Code: <input type="text"/> Proof of Claim: <input type="text"/> Waived <input type="text"/> Proof of Claim #: <input type="text"/>	<input type="checkbox"/> Optional or Additional Payee Type: <input type="text"/> Name: <input type="text"/> Street 1: <input type="text"/> Street 2: <input type="text"/> Street 3: <input type="text"/> City: <input type="text"/> Zip Code: <input type="text"/> State: <input type="text"/>		



Unearned Premium Policy Detail

State Fund: *2224*

Insolvency:

UIP Policy Number:

Insured:

Insured #1 - First Name: MI: Last Name:

Insured #2 - First Name: MI: Last Name:

D/B/A or Company:

Policy Insured Premium Calculation Payment History

Line of Insurance:

Total Premium: *2500*

Premium Paid: *2500*

Gross Unearned Premium: *2500*

Remaining Deductible:

Payments Issued:

Override Amount:

Unearned Premium to be Paid:

Reserve:

State Deductible:

State Cap:

Deductible Applied:

Pending Amount:

Pay:

Non-Payment Letter:

Payments Issued Letter:

000221-1105-25430



File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help



Unearned Premiums

State Fund

Insolvency

UP Policy Number

Insured #1 - First Name: MI: Last Name:

Insured #2 - First Name: MI: Last Name:

D/B/A or Company

State Fund

Insolvency

UP Policy Number

Insured - First Name

Insured - D/B/A or Company

Gross Unearned Premium

Remaining Deductible

Payments Issued

Override Amount

Unearned Premium to be Paid

Reserve

New Search

Diary Delete Print Save Close

1105-1105-25430

12/08/2000

11:19 AM



Unearned Premium Policy Detail

State Fund
MA - Massachusetts Incurers Insolvency Fund

Insolvency: 143 - AMERICAN MUTUAL INSURANCE OF BOSTON

UP Policy Number: 0240362018 ~~~~~

Insured #1 - First Name: Last Name:

Insured #2- First Name:	MI:	Last Name:
-------------------------	-----	------------

D/B/A of Company:
SMITKUMAR B KADAKIA

Policy		Insured		Premium Calculation		Payment History	
2600		2600		2600		2600	
Date	Amount	Payee/Description	Check #	Status	Reason	LP Handler	Entered By
06/14/1989	\$283.00	PAYMENT REVERSED ON 11/29	34146	REVERSED		DA1	DA1
01/24/1991	\$0.00	SMITKUMAR B KADAKIA, - SMIT		RECOVERY	OTHREC		

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[illegible]

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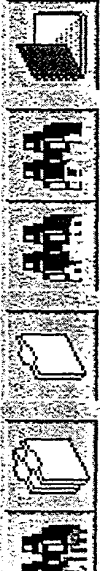
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New	Search	Notes	Diary	Delete	Print
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THE LIFE OF

N220



Unearned Premium Policy Detail

Diary Detail

State Fund	Massachusetts Insurers Insolvency Fund
Insolvency	AMERICAN MUTUAL INSURANCE OF BOSTON
UP Policy Number	C240362018
Insured	SMITKUMAR B KADAKIA
Insured #1 - First	
Insured #2 - First	
D/B/A or Company	
Claim Number	
Date of Loss	
User ID	J52
Diary Date	12/08/2000
Comments	New Unearned Premium
Review Date	01/22/2001
Reviewer ID	
Number of Days	

N220

Payment Letter
Issued Letter

Save Cancel

Close



New
Search...

Ctrl+G ~ 156C
Ctrl+H ~ 156D

Premiums... ~ 156C
Allocate / Approve Assessment... ~ 156D
Process Assessment... ~ 156E
Refund Search... ~ 156F
NAIC Data Load... ~ 156G



Premium Summary

State Fund	Year	Insolvency Date	NAIC#	Find	Status

Premium Subtotals

Member Ratios

Member	NAIC #

[illegible]

Premium Detail	Add Premium	Delete Premium	Insolvency Dates	Calculate State Law	Close
----------------	-------------	----------------	------------------	---------------------	-------



Individual Assessment Search

State Fund

Insolvency

Insurance Account

Kind

Type

State Fund: [dropdown]
Insolvency: [dropdown]
Insurance Account: [dropdown]

Assessment Date

Assessment Date: [date field]

Reversal

Reversal: ☐

Premium Base Year

Premium Base Year: [dropdown]

Include Adjustments

Include Adjustments: ☐

Status

Status: [dropdown]

Assess Date	State Fund	Insolvency	Acct	Kind	Type	Amount	Base Year	Status	Reversal

Search [button] New [button] Delete [button] Select [button] Close [button]

000221" 13054460

156

STARS

File Claims Unearned Premiums Assessments Member State Financial Administration Reports Diary View Window Help



Member Search: Ctrl+M

New Member: Ctrl+B

State Fund: Ctrl+T

1000000000

13054460

Page 1

000227-110000



Member Detail

NAIC Number: *3040*

Member Name: *W3040*

Assign to Group: ☐ *W3040*

Group Code: *W3040*

Group Name: *W3040*

Insolvency	Station/Liquidator	Operational/Liquidator	State Funds	Comments
Member				
Street 1	<input type="text"/>	<input type="text"/>	State of Domicile: <input type="text"/>	<i>W3040</i>
Street 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Servicing Carrier	
Street 3	<input type="text"/>	<input type="text"/>	Split Member: <input type="checkbox"/> Split <input type="text"/> Year <input type="text"/>	
City	<input type="text"/>	State: <input type="text"/>	<input type="checkbox"/> Address <input type="text"/>	<i>W3040</i>
Zip Code	<input type="text"/>	<input type="text"/>	Combine Member: <input type="checkbox"/> Combine <input type="text"/>	
Contact	<input type="text"/>	<input type="text"/>	Member(s): <input type="text"/>	
Telephone: () <input type="text"/> Ext: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>W3040</i>
Fax: () <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-Mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Search: Insolvency: New: Save: Close:

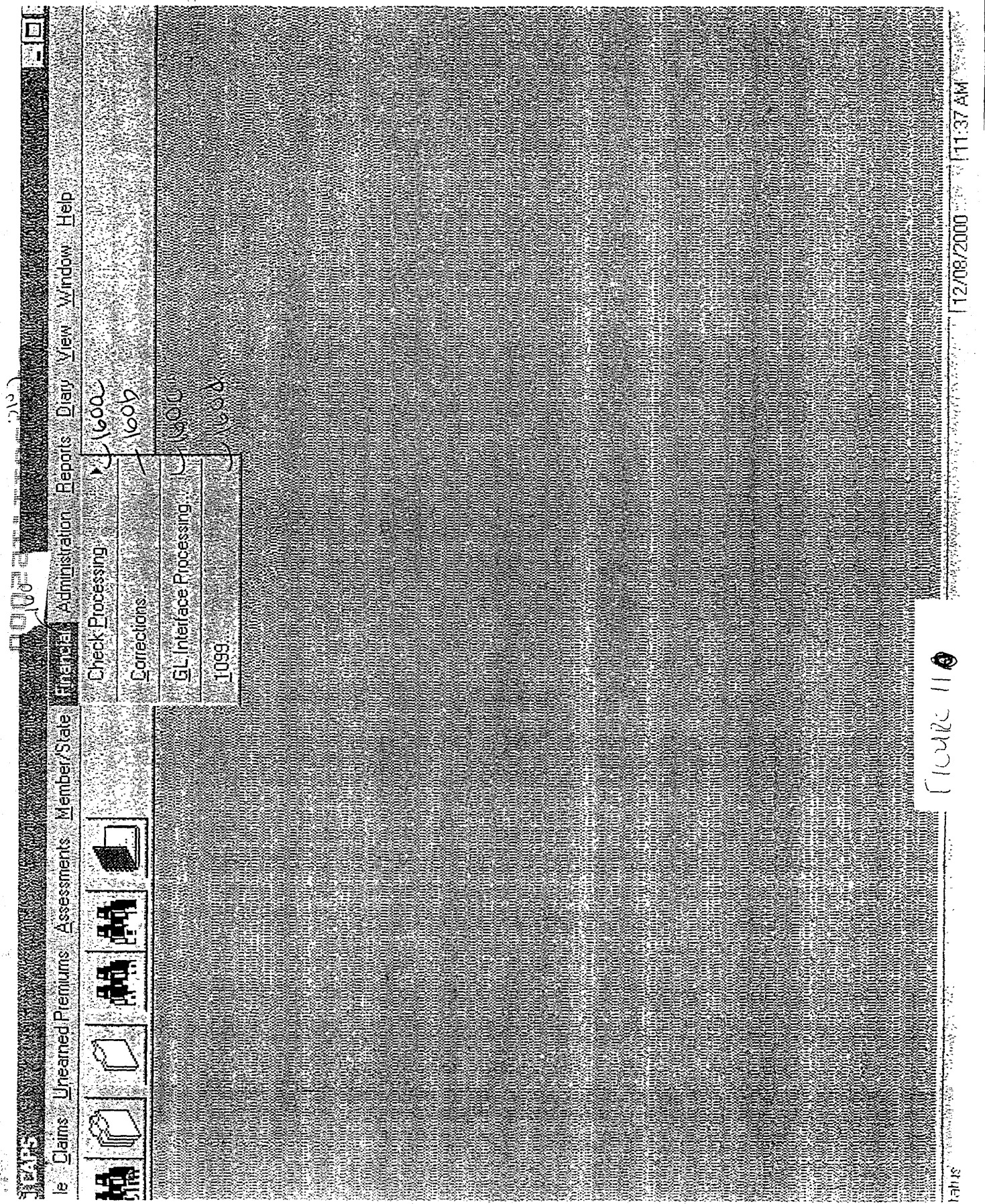


Figure 110



Add Code	1620
File Location	1620
Approvals	1620
Agent	1620
Liquidator	1620
Provider/Payee	1620
Toxic Site	1620
Helmman	1620
UDS Map	1620
NAIC LOI Code	1620
Insurance Account	1620
Security	1620
Claim Handler	1620
Change Password	1620

FILE 12

2/16/00

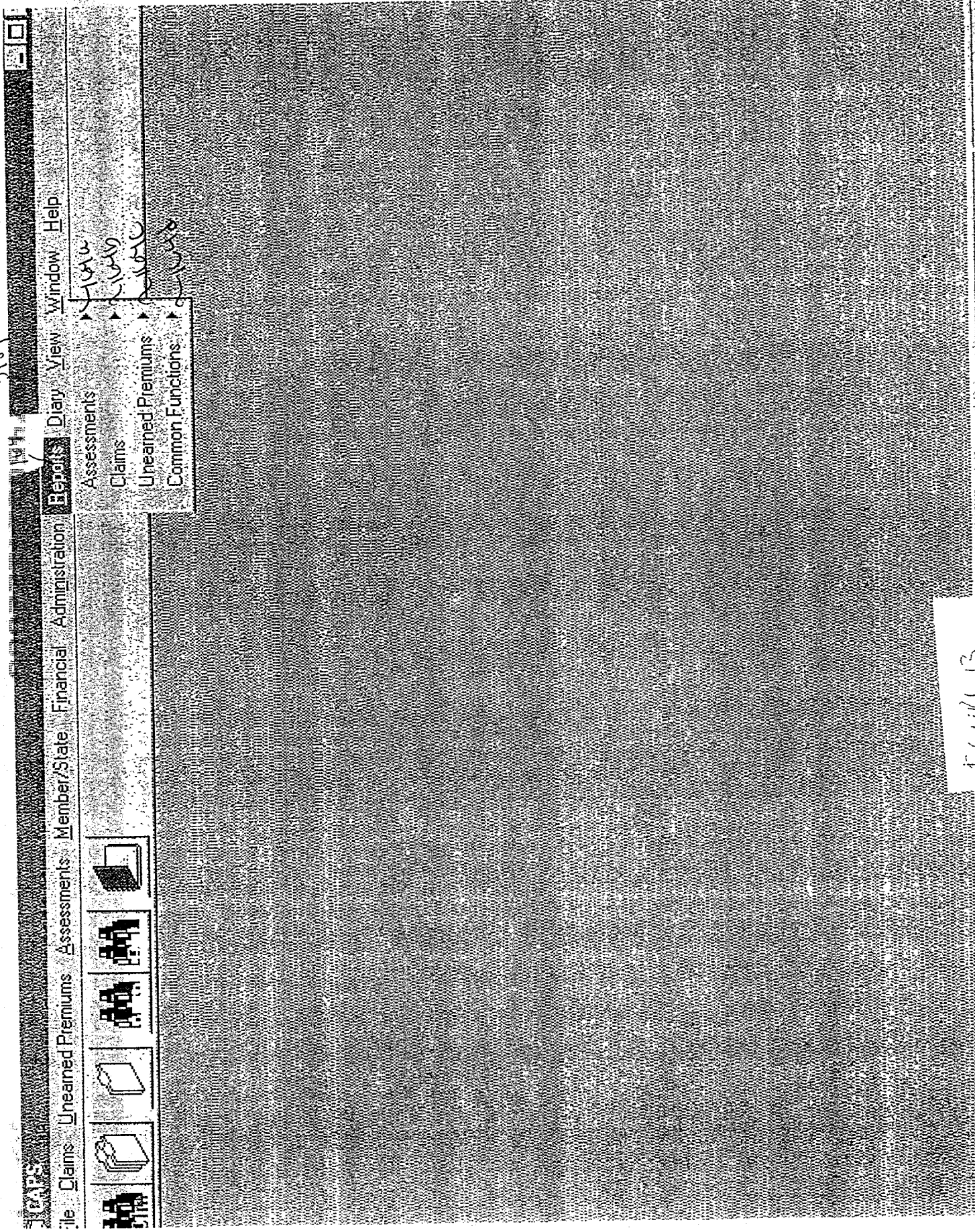


Figure 13

12/08/2000 11:38 AM

Status



Change Password

User ID:

Old Password:

New Password:

Confirm New Password:

10-17C 15



Users

User ID	User Name	Status
LA1	Amigo, Denise	Active
LA2	Anderson, Laura	Active
LA1	Angelone, Linda	Active
AUDITORS	auditor, auditor	Active
BB1	Barry, Robert	Active
RFB	Barry, Robert	Active
RB1	Bell, Richard	Active
VB1	Bena, Vivian	Active
MB1	Biever, Marisa	Active
DB1	Brown, Donald	Active
LC2	Cardinal, Leanne	Active

New Modify Assign Roles Close

17611016



Assign Roles

User Name: Amigo, Denise

Available User Roles:

- Accounting Clerk
- Accounting Manager
- Claims Assistant Manager
- Claims Clerk
- Senior Claim Clerk
- Unearned Premiums Clerk
- UNKNOWN

Assigned User Roles:

- Claims Handler
- Claims Manager
- Unearned Premiums Handler
- Unearned Premiums Manager

Buttons: >> << Save Cancel

170541120 12



User ID

DA1

LA2

LA1

AUDITORS

BB1

RFB

RB1

VB1

MB1

DB1

LC2

User Name

User Detail

First Name

Dense

Last Name

Amigo

User Login ID

DA1

User Status

Active

Save

Cancel

Status

New

Modify

Assign Roles

Close

17641018

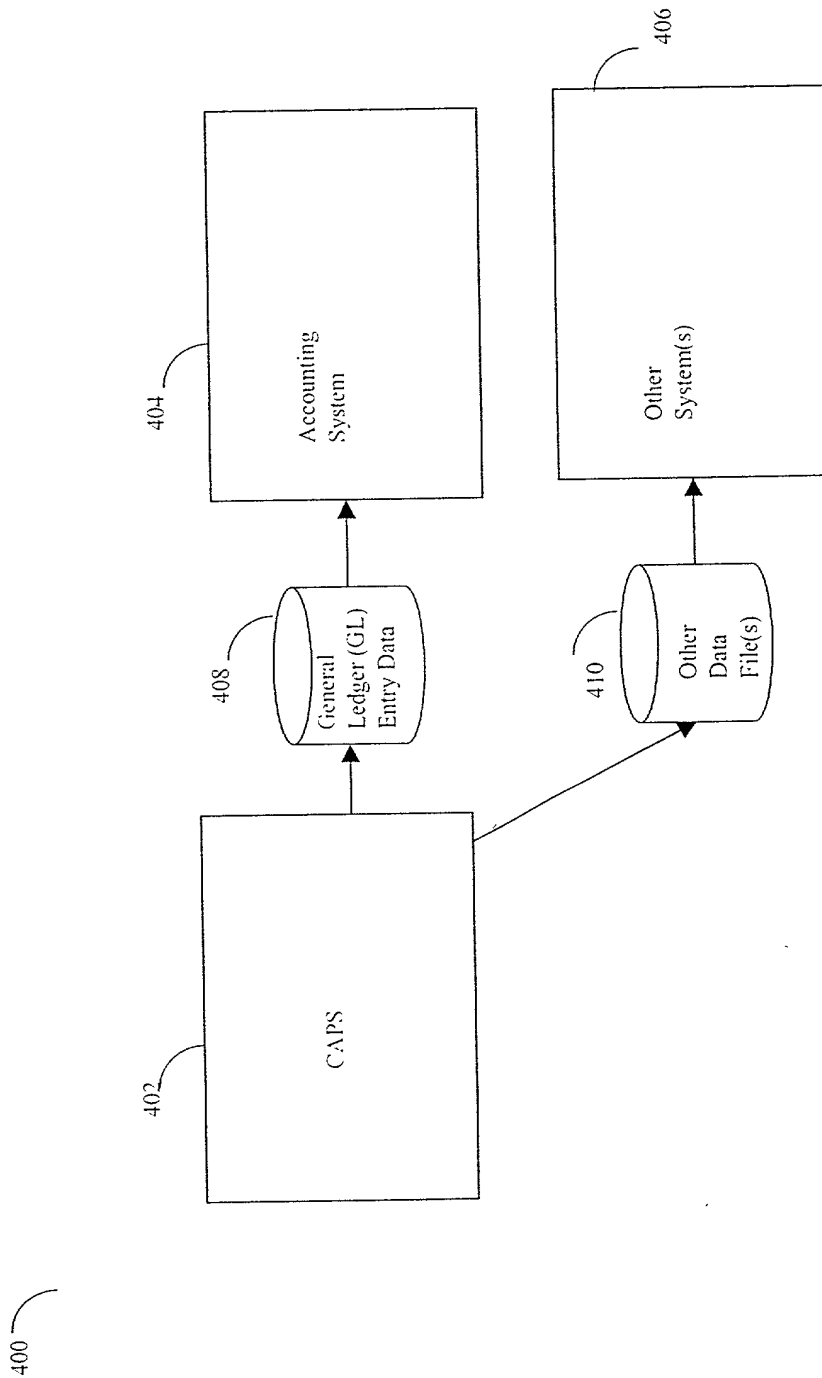


FIGURE 19

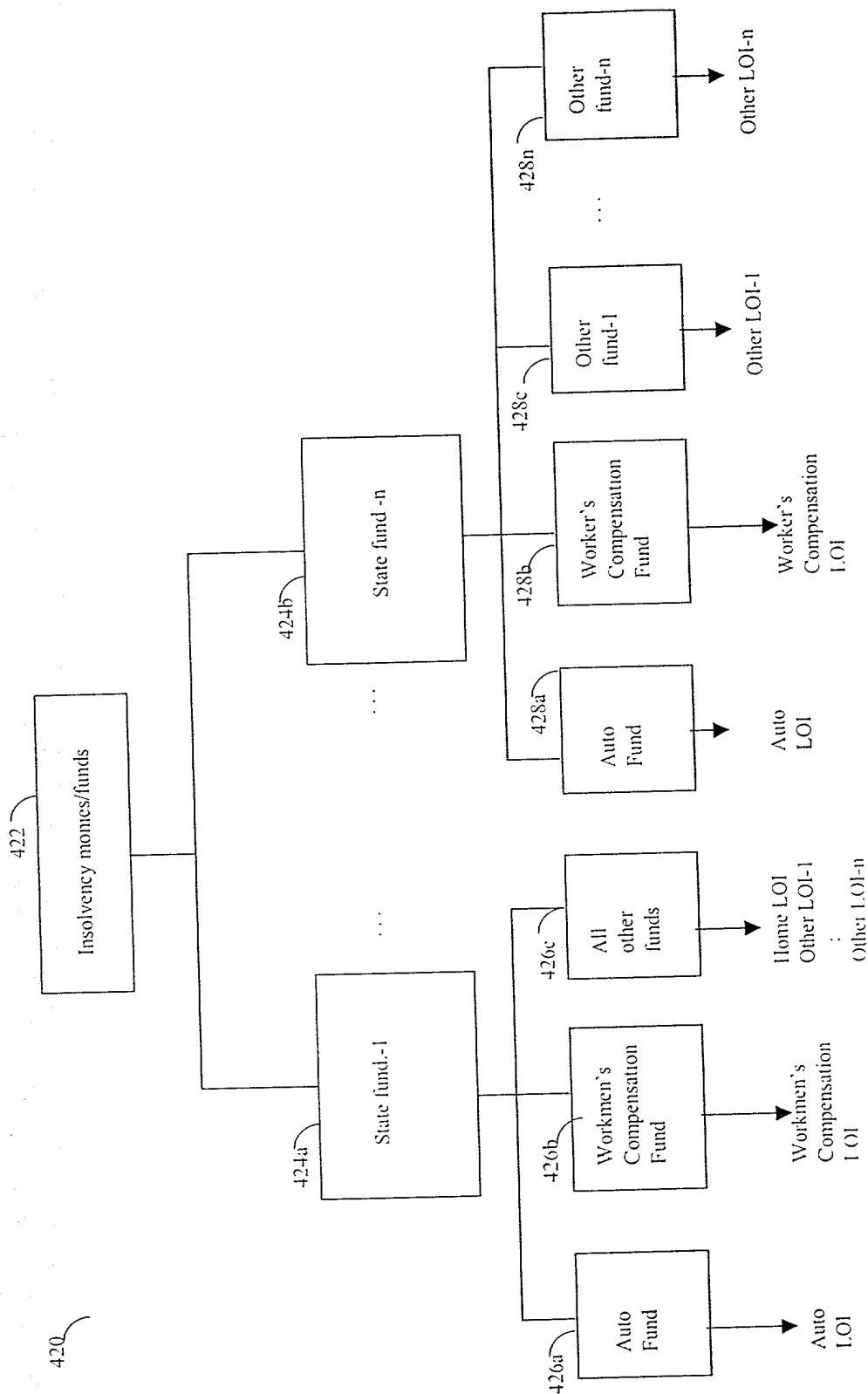


FIGURE 20

5007

Insolvency Mapping

Insolvency:

State Fund:

Insurance Account:

Coverage List:

Yes/No	Coverage Code	Coverage Description
N	305003	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit
N	305006	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate
N	305009	Commercial Auto-Liability-Bodily Injury-Underinsured Motorist
N	305012	Commercial Auto-Liability-Bodily Injury-Uninsured Motorist
N	305015	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit
N	305018	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate
N	305021	Commercial Auto-Liability-Property Damage-Underinsured Motorist
N	305024	Commercial Auto-Liability-Property Damage-Uninsured Motorist
N	305027	Personal Injury Protection (PIP)-No Fault
N	305030	Medical Payments
N	305033	Comprehensive or Specified Perils

Map/Unmap Save Close

SC4

502

Suba

Subb

Subc

FIGURE 21

000221-1105160

510

514

Totals

State Fund: MA
 Insolvency: Abington Mutual Insurance Company
 Policy Number: HP020240000000000000

Claim Number: 12345678901234567890
 GFMS Number: GF00000001
 Date of Loss: 04/27/1999

Claimant: Bronson Klopfenstein

Coverage List:

Coverage	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset
Benefits	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$1,000.00	\$100.00	\$500.00
Medical Expense	\$11,000.00	\$600.00	\$0	\$5,000.00	\$1,000.00	\$0	\$1,000.00	\$0	\$0
COLA	\$3,000.00	\$500.00	\$150.00	\$1,000.00	\$200.00	\$50.00	\$0	\$0	\$0
Claimant Totals	\$314,000	\$21,000	\$2,150	\$46,000	\$5,200	\$50	\$2,000	\$100	\$500
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000

Close

516

FIGURE 22

000221" T1054/60

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522

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526

09745011-122000

Totals

State Fund: MA Claim Number: 12345678901234567890

Insolvency: Abington Mutual Insurance Company GFMS Number: GF00000001

Policy Number: HP020240000000000000 Date of Loss: 04/27/1999

Claimant Coverage

Coverage: Benefits

Claimant List

Claimant	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset
Bronson Klopfenstein	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$2,000.00	\$150.00	\$600.00
John Smith	\$200,000.00	\$30,000.00	\$3,000.00	\$40,000.00	\$5,000.00	\$1,000.00	\$0	\$0	\$0
Coverage Totals	\$500,000	\$50,000	\$5,000	\$80,000	\$9,000	\$1,000	\$2,000	\$150	\$600
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000

Close

FIGURE 23

530

Diary Detail

State Fund: RI Ins. Insolvency Fund

Insolvency: United Community Insurance Co.

Policy Number: WC 447824

Insured: South Kingstown School Dept

Claimant: Jason Rodner

Claim Number: 435678

Date of Loss: 02/13/1999

User ID: gw1 Reviewer ID: df1

Diary Date: 05/10/1999 Review Date: 06/30/1999 OR Number of Days:

Comments: New Claim

Diary History List

Diary Date	Review Date	Comments

532

535a

535b

534

536

Save Cancel

FIGURE 24

000221 11054760

540 540 540 540 550 552

	Action	Diary Type	Claim	Unearned Premium	Generic ⁺
Approval	• when a claim payment is deleted	Claim payment approval	✓		
Approval	• when an unearned premium payment is deleted	Up payment approval		✓	
Approval	• when the closing of a claim is rejected	Claim closing approval	✓		
Approval	• when the closing of an unearned premium is rejected	Up closing approval		✓	
Claim	• when a claim status is changed to "close"	Claim status changed	✓		
Unearned Premium	• when an unearned premium status is changed to "close"	Up status changed		✓	
LOI	• when a LOI is modified	Loi modified			✓
LOI	• when a LOI is deleted	Loi deleted			✓
Notes	• when a claim note is sent to a reviewer	Claim note	✓		
Notes	• when a claimant note is sent to a reviewer	Claimant note	✓		
Notes	• when an unearned premium note is sent to a reviewer	Up note		✓	
Reserve	• when a reserve is adjusted for a claimant	Claim reserve	✓		
Reserve	• when a reserve is adjusted for a unearned premium policy	Up reserve		✓	
Taxpayer	• when a new taxpayer is added	New taxpayer			✓
Taxpayer	• when a taxpayer is modified	Modify taxpayer			✓
Claimant	• When the user enters or adjusts a reserve above a user's preset reserve aggregate or increment limit, then a diary is sent to a Claim Manager for approval.	Claimant reserve above limit	✓		

FIGURE 25

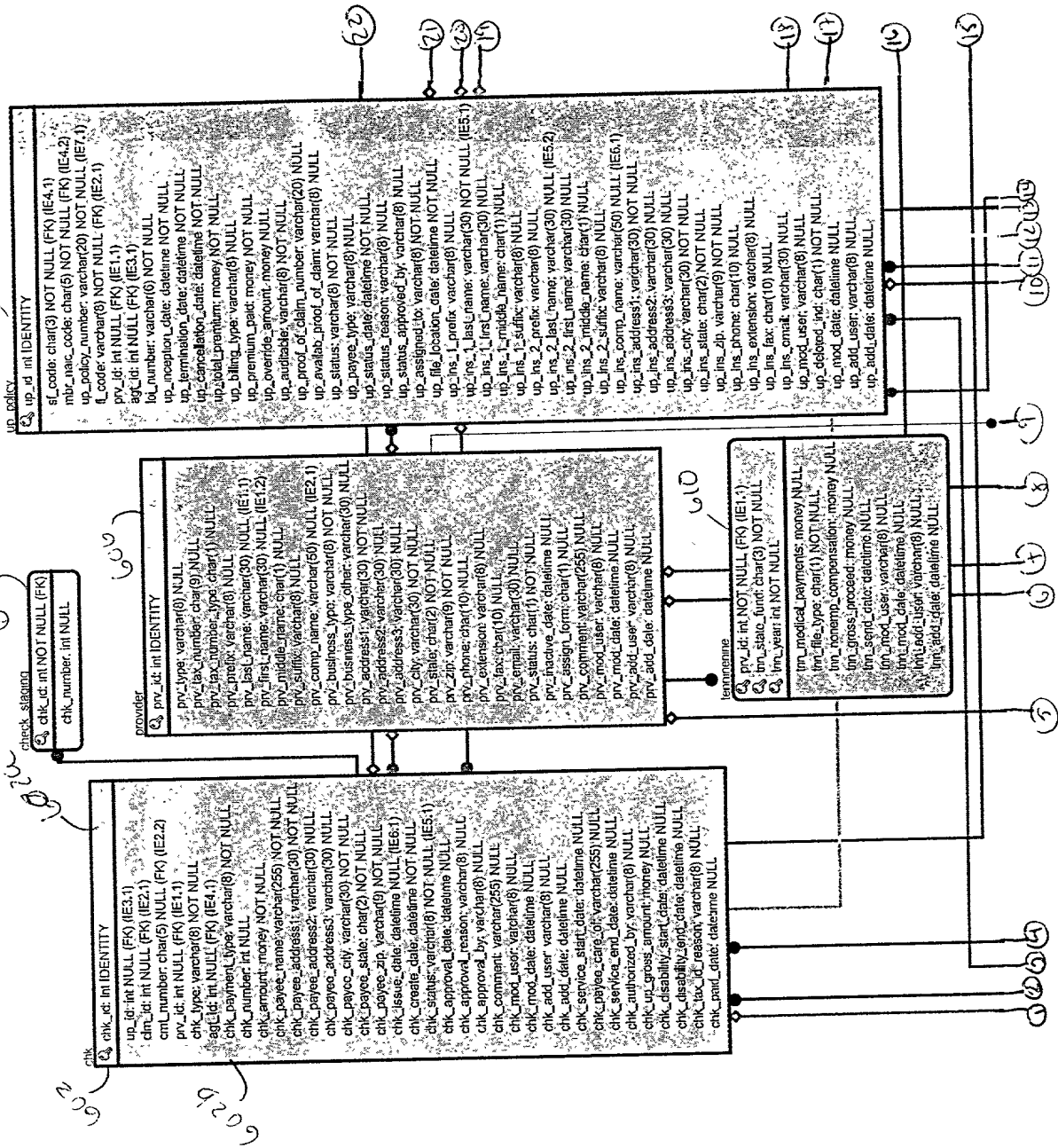
000221 122000

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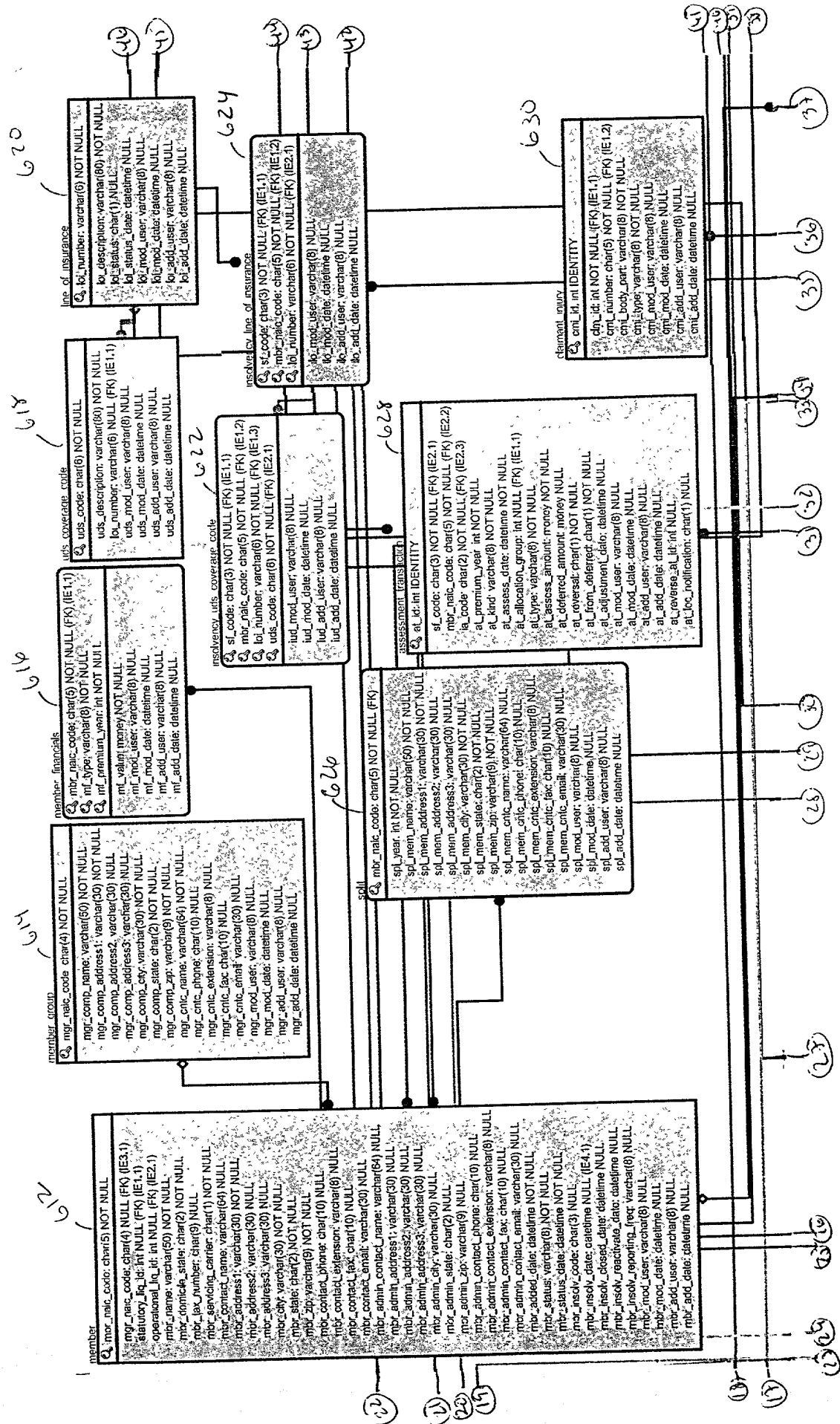
26D		26C	26B
26F			26E
492			992

Figure 26A

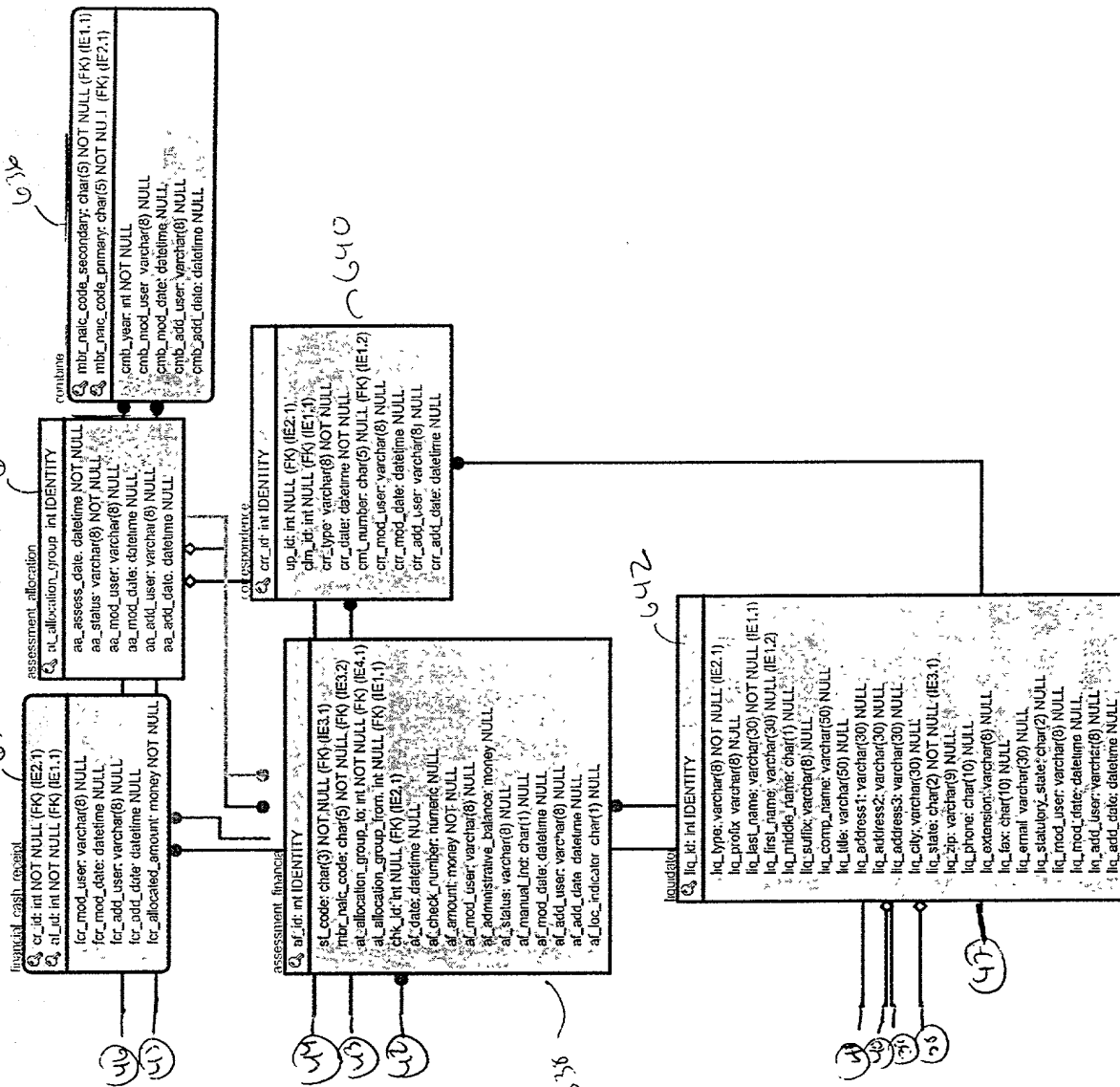
Figure 26B



FILED 09 JUL 2006



FILED OCT 20 2006



The diagram illustrates a database schema with the following tables and their attributes:

- agent**
 - agc_id: int NOT NULL (FK) (IE1.1)
 - agc_name: varchar(10) NOT NULL
 - agc_comp: varchar(30) NOT NULL
 - agc_address1: varchar(30) NOT NULL
 - agc_address2: varchar(30) NOT NULL
 - agc_address3: varchar(30) NOT NULL
 - agc_state: char(2) NOT NULL
 - agc_zip: varchar(9) NOT NULL
 - agc_phone: char(10) NULL
 - agc_extension: varchar(8) NULL
 - agc_fax: char(10) NULL
 - agc_email: varchar(30) NULL
 - agc_comment1: varchar(255) NULL
 - agc_mod_user: varchar(8) NULL
 - agc_mod_date: datetime NULL
 - agc_comment2: varchar(255) NULL
 - agc_add_user: varchar(8) NULL
 - agc_add_date: datetime NULL
 - agc_comment3: varchar(255) NULL
 - agc_comment4: varchar(255) NULL
 - agc_comment5: varchar(20) NULL
 - agc_assign_form: char(1) NULL
- claimant**
 - clm_id: int NOT NULL (FK) (IE1.1)
 - clm_number: char(20) NULL
 - clm_prefix: varchar(30) NULL
 - clm_last_name: varchar(30) NULL (IE3.1)
 - clm_comp_name: varchar(30) NULL
 - clm_middle_name: char(1) NULL
 - clm_suffix: varchar(30) NULL
 - clm_address1: varchar(30) NULL
 - clm_address2: varchar(30) NULL
 - clm_address3: varchar(30) NULL
 - clm_city: varchar(30) NULL
 - clm_state: char(2) NULL
 - clm_zip: varchar(9) NULL
 - clm_phone: char(10) NULL
 - clm_extension: varchar(8) NULL
 - clm_fax: char(10) NULL
 - clm_email: varchar(30) NULL
 - clm_tax_number: char(9) NULL
 - clm_date_of_birth: datetime NULL
 - clm_weekly_wage: money NULL
 - clm_date_of_disability: datetime NULL
 - clm_mod_user: varchar(8) NULL
 - clm_deleted_ind: char(1) NOT NULL
 - clm_mod_date: datetime NULL
 - clm_add_user: varchar(8) NULL
 - clm_add_date: datetime NULL
- file_location**
 - fl_desc: varchar(80) NOT NULL
 - fl_contact_name: varchar(64) NOT NULL
 - fl_contact_address1: varchar(30) NOT NULL
 - fl_contact_address2: varchar(30) NULL
 - fl_contact_address3: varchar(30) NULL
 - fl_contact_city: varchar(30) NOT NULL
 - fl_contact_state: char(2) NOT NULL
 - fl_contact_zip: varchar(9) NOT NULL
 - fl_mod_user: varchar(8) NULL
 - fl_mod_date: datetime NULL
 - fl_add_user: varchar(8) NULL
 - fl_add_date: datetime NULL
- mmp**
 - mmp_premium: money NOT NULL
 - mmp_dividends: money NOT NULL
 - mmp_mod_user: varchar(8) NULL
 - mmp_mod_date: datetime NULL
 - mmp_add_user: varchar(8) NULL
 - mmp_add_date: datetime NULL
- rs**
 - rs_id: int NOT NULL (FK) (IE1.1)
 - rs_number: varchar(6) NULL (FK) (IE1.5)
 - rs_cnt_number: char(3) NULL (FK) (IE1.4)
 - rs_code: char(3) NULL (FK) (IE1.1)
 - rs_mod_code: char(6) NULL (FK) (IE1.2)
 - rs_mod_date: datetime NOT NULL (IE1.3)
 - rs_mod_user: varchar(8) NULL
 - rs_add_user: varchar(8) NULL
 - rs_add_date: datetime NULL

Handwritten annotations include circled numbers (e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100) and symbols (e.g., circles, squares, triangles) indicating relationships and constraints between the tables and their attributes.

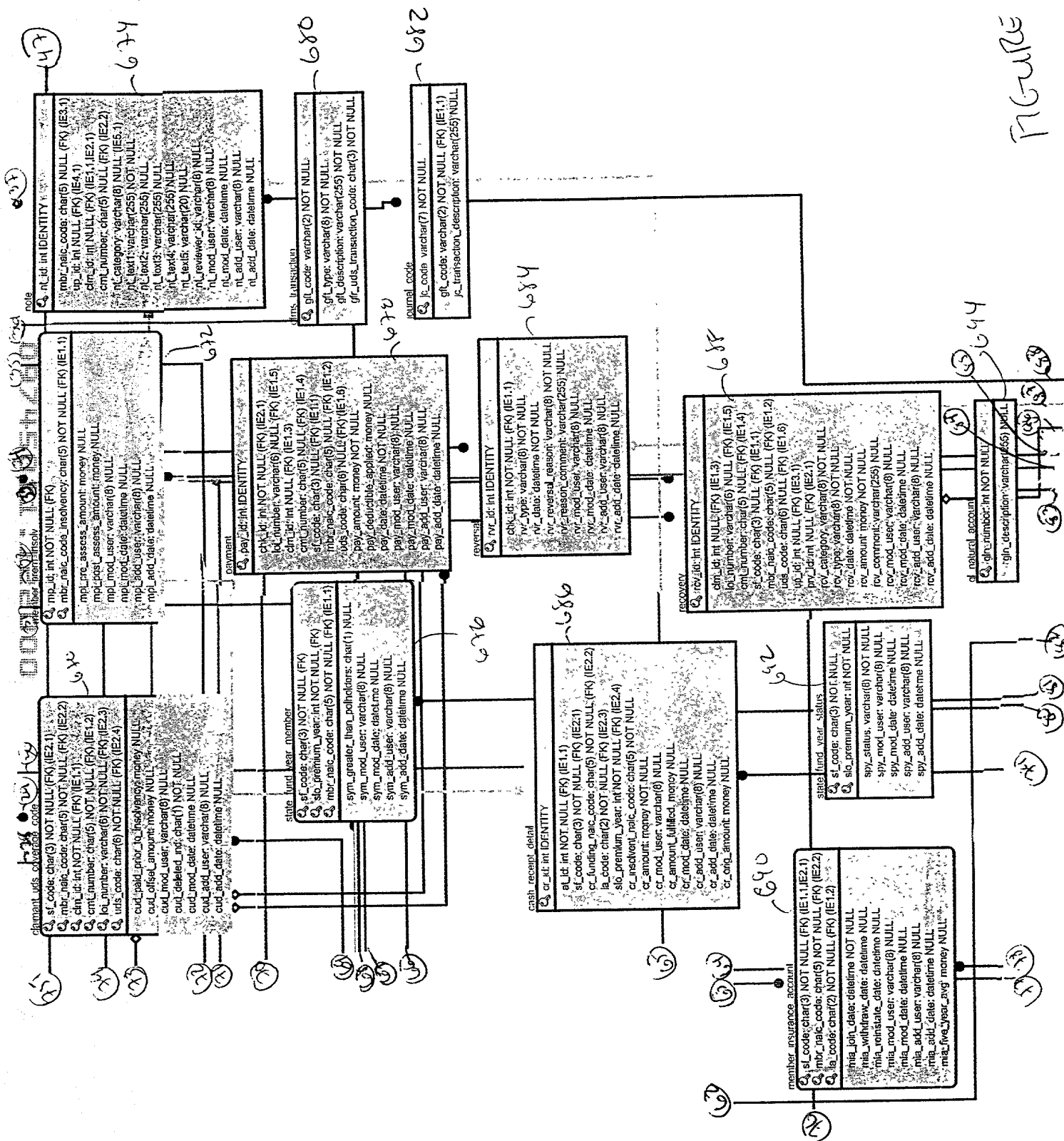


Figure 26F


```

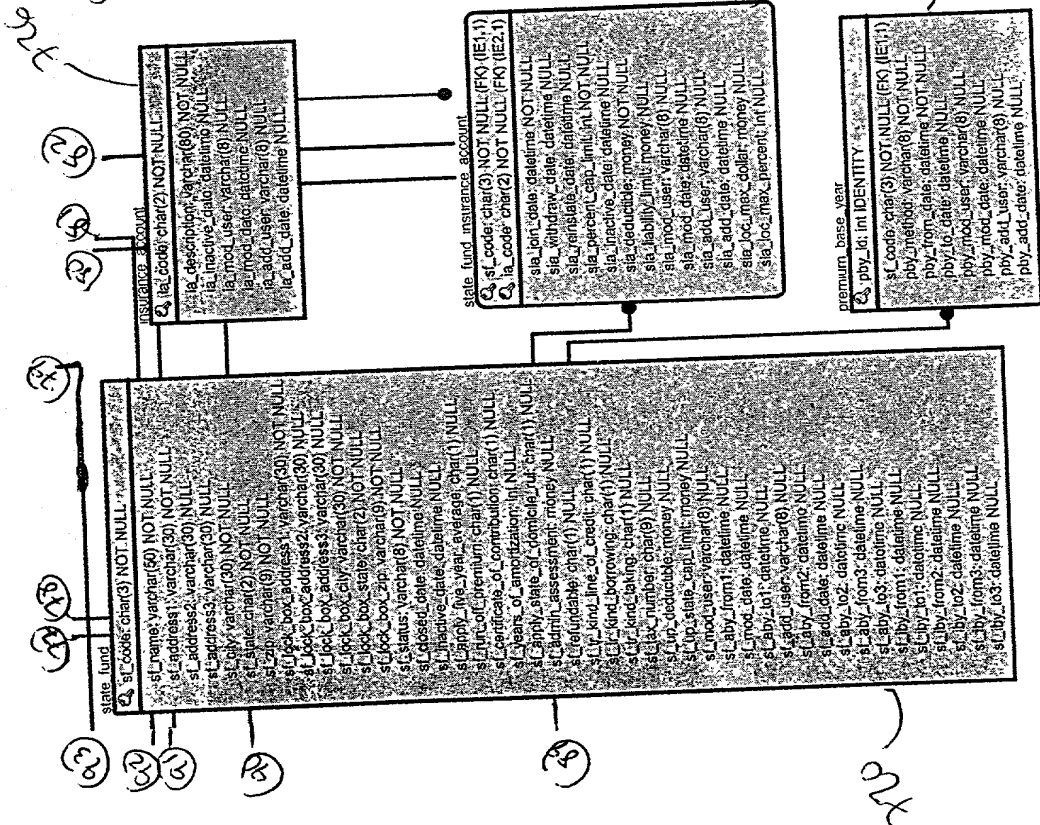
u_transaction
  gl_number: int NOT NULL (FK) (IE.1.1)
  lc_code: varchar(7) NOT NULL (FK) (IE2.1)
  svr_id: int NULL (FK) (IE5.1)
  vld_id: int NULL (FK) (IE4.1)
  rev_id: int NOT NULL (FK) (IE3.1)
  crd_id: int NULL (FK) (IE6.1)
  sl_code: char(3) NOT NULL
  mtr_code: code_char(5) NOT NULL
  policy_number: varchar(20) NULL
  amt_number: varchar(20) NULL
  amt_number: varchar(5) NULL
  la_code: char(2) NULL
  bi_number: varchar(6) NULL
  chl_number: int NULL
  gl_account_number: varchar(60) NOT NULL
  line_item_description: varchar(30) NOT NULL
  gl_knd: varchar(255) NOT NULL
  gl_status: varchar(18) NOT NULL
  plt_date: datetime NOT NULL
  gl_amount: money NOT NULL
  debitor_credit: char(1) NOT NULL

```

h2

227-

Figure 20



9000

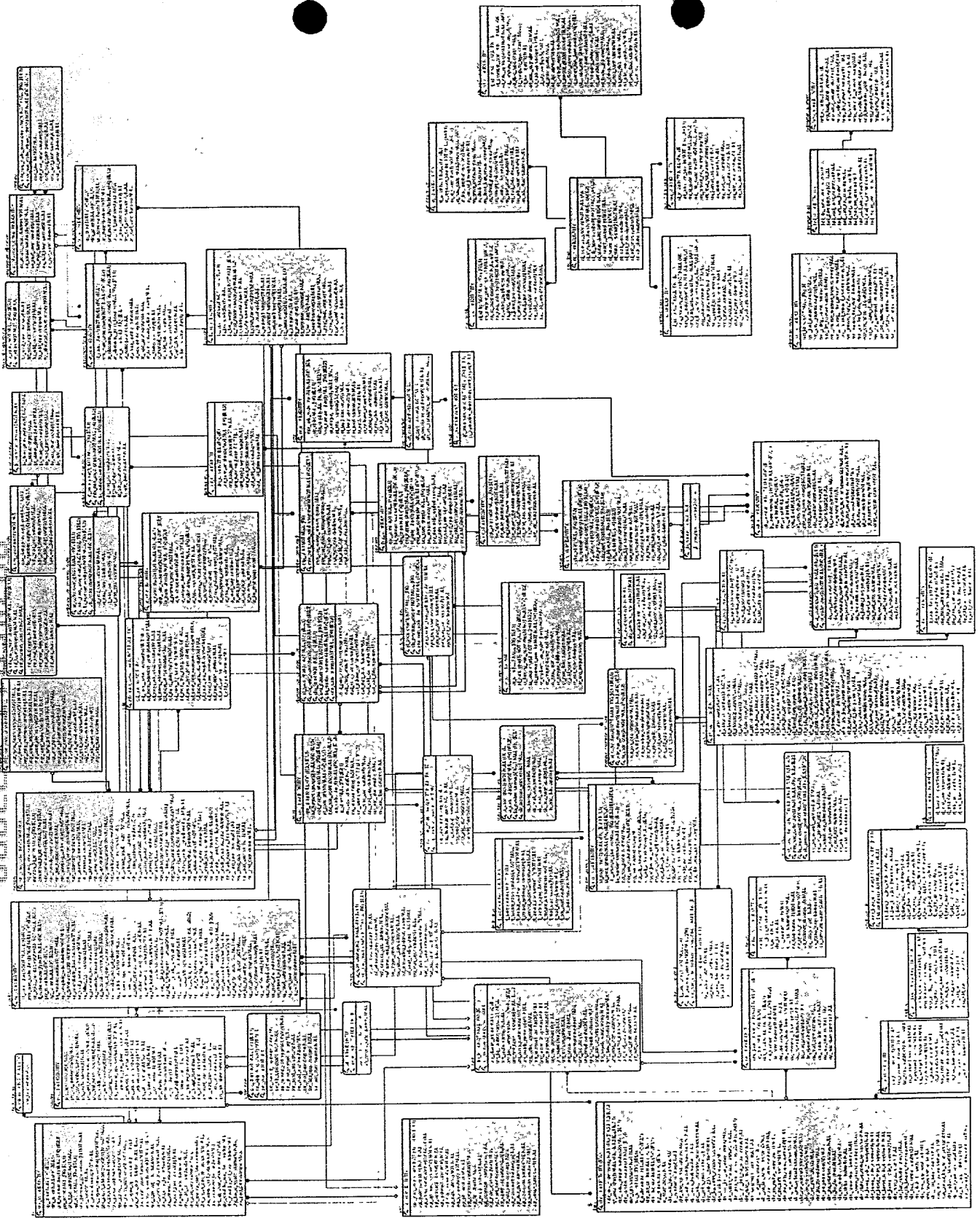


Figure 26-1

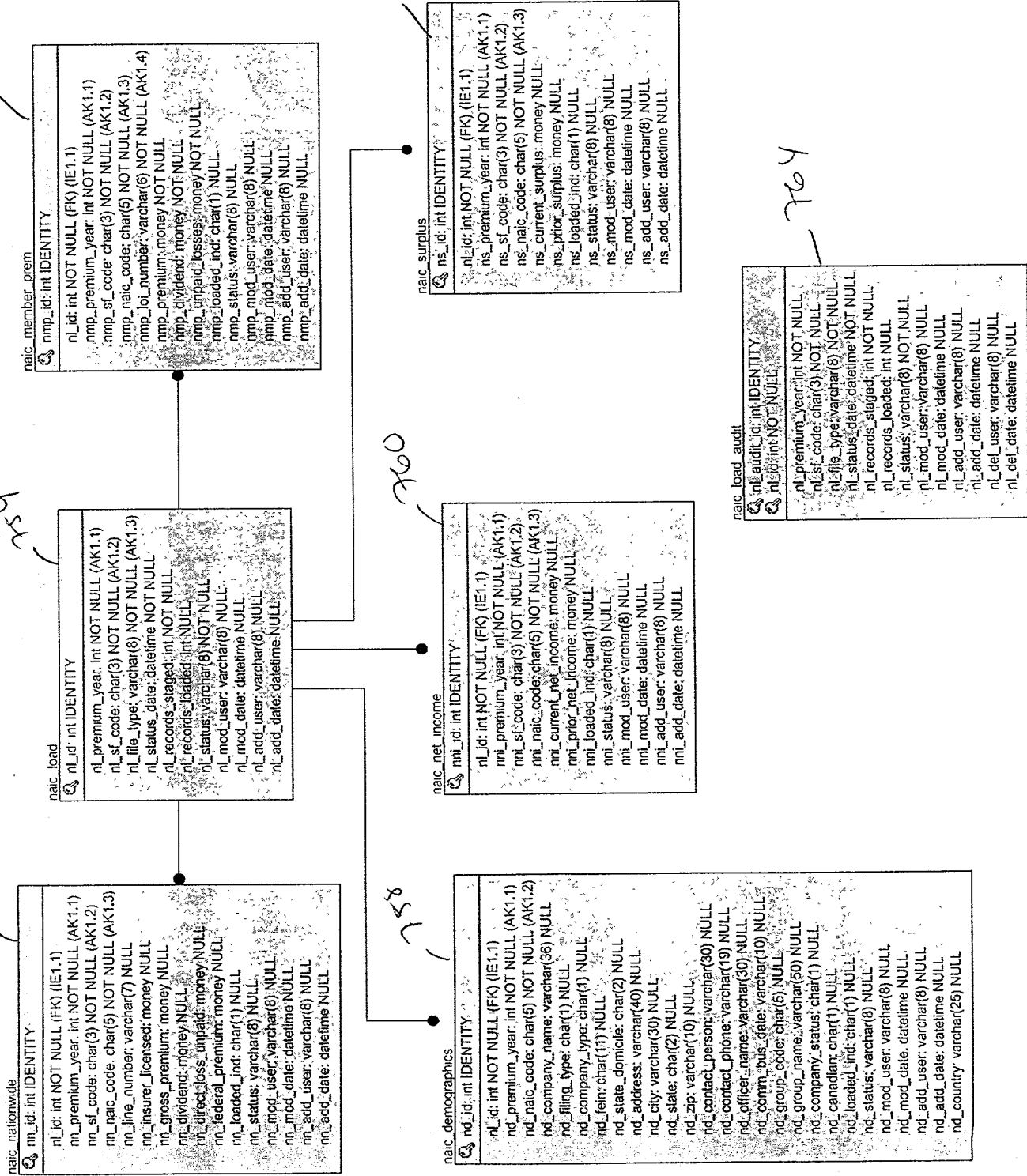


Figure 27



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